

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 570)

SERIAL NO.
10/648101
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	
1			1				61				1			
2				1			62				1			
3				1			63				1			
4				1			64				1			
5				1			65				1			
6				1			66				1			
7				1			67				1			
8			1				68				1			
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37				1			97							
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39				1			99							
40			1				100							
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44				1										
45				1										
46				1										
47				1										
48				1										
49				1										
50				1										
TOTAL NO.							TOTAL NO.							
TOTAL OFF.							TOTAL OFF.							
TOTAL							TOTAL							

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